

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022827

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174Primary Registration District No. 5562Registrar's No. 90

FILED JUN 27 1962

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Arcadia</u> | | Length of stay in 1b <u>1yr. 2mo. 18da</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u> | | c. CITY OR TOWN <u>Rural-Arcadia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. STREET ADDRESS <u>1 1/2 mi. E. on Hwy. 72</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Chalmer</u> Middle <u>Asbury</u> Last <u>Mather</u> | | 4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/19/1881</u> |
| 9. AGE (last birthday) <u>81</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months <u>2</u> Days <u>27</u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Service</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bureau of Animal Industry</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Siloam Springs, Ark. U.S.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Alanzo Mather</u> | | 13b. MOTHER'S MAIDEN NAME <u>Manda Miller</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mary Alice McMahan</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u></u> | | 17. INFORMANT Address <u>Dolores Weiss, Ironton, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>1 year</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year <u></u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY <u></u> STATE <u></u> |
| 21. I attended the deceased from <u>Mar. 28, 1961</u> to <u>June 15, 1962</u> and last saw him alive on <u>June 14, 1962</u> Death occurred at <u>2:55 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>Marvin C. Menne MD</u> | |
| 22b. ADDRESS <u>Ironton, Missouri</u> | | 22c. DATE SIGNED <u>6-16-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>6/16/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Clinton, Mo</u> | 23d. LOCATION (City, town, or county) (State) <u>Clinton, Mo</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Sickman & Dunning, Clinton, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-16-62</u> | 26. REGISTRAR'S SIGNATURE <u>The Aris Jones</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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JUN 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell White

Licensed Embalmer No. 8012

P. O. Address Clinton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 6-16-62